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LECTURE X.

Pyæmia.

GENTLEMEN—Before proceeding in the regular course, I have a few remarks to make. First, I have received an anonymous letter, signed "one of your (that is mine) admirers," asking why a certain instrument, namely Heine's Osteotome, is not used in military surgery, and asking me to say something about it. Now, I do not know whether this anonymous admirer of mine is a member of this class or a reader of my lectures as reported in the *MEDICAL TIMES*. These lectures are not intended to be a full course on general surgery with an enumeration of all the instruments which possibly may be used. The instrument the writer alludes to is an exceedingly ingenious piece of mechanism; it is a revolving chain-saw, but it is very complicated and very expensive, and to use it properly requires considerable practice; it is, furthermore, by no means so indispensable as the writer supposes, for I do not know of any operation that may not be quite as well performed with infinitely more simple instruments. Altogether the instrument is utterly unfit to be placed into the hands of military surgeons generally.

Another remark I beg to make is in reference to an operation of which I spoke, I think, in my last lecture, namely an osteo-plastic operation, by which it is intended to unite the patella to the lower end of the femur. I stated that the operation had been recommended in Europe, and been performed in some of our hospitals. For reasons which I gave you I condemned the operation. I have since paid a flying visit to Washington, and have seen the specimens of all the cases on which the operation has been performed, every one having terminated fatally. The specimens are all to be seen in the valuable museum in the Surgeon-General's office. I state this to show you that I was correct in condemning the operation, and that innovations are not always improvements.

We come now to consider an affection which carries off perhaps the largest proportion of the wounded in military hospitals, I mean pyæmia. The name intends to convey the character of the disease, that is a blood-poisoning by pus. Whether that is exactly correct we will try to develop by a brief investigation. For this purpose we must group together certain complaints which not only show an evident analogy, but which seem to run into each other.

We find that in a number of cases of suppurating wounds a blood-poisoning develops itself which is ushered in with rigors, furred tongue, vomiting, and diarrhoea and a rapid sinking pulse, and which generally terminates fatally by purulent deposits in different and distant parts, such as abscess in the liver, purulent effusion in the pleura or peritoneum or in some of the large joints; sometimes the large veins, especially the veins of the liver, are filled with pus. Here it is supposed that the capillary absorbents have taken up the pus, and carried it through the veins into the general circulation, where it acts like a ferment upon the whole mass of the blood. Microscopic investigation, however, shows that the lumen of the capillaries is not large enough to take up the pus globules, we must therefore assume that by some as yet unknown process these pus globules are decomposed, and that some element of pus is taken up.

Another form of pyæmia is developed in consequence of phlebitis. The veins become inflamed, the blood stagnates in them, and is changed into pus, which is washed into the circulation. Here again we must object that good

pus may be introduced into the circulation by direct injection into the veins, and yet no pyæmic symptoms will follow. Professor Dalton made last week the following experiment for me to illustrate this point. He applied a seton to a healthy dog, and after suppuration was established he injected the pus into the femoral vein. The dog has remained perfectly healthy, no pyæmic symptoms occurring; an evidence that healthy pus is not sufficient to develop the disease.

Again, puerperal fever is essentially pyæmia; the veins of the uterus, opened by the elimination of the mucous membrane lining the organ, act as the conveyors of the poison. The disease may develop itself either spontaneously, as in some cases of suppurating wounds, the individual itself having generated the poison, or it may be brought on by contagion or by infection. Thus, an accoucheur, who has attended a case of puerperal fever, will communicate the disease to another woman in child-bed, or the puerperal woman lying in a vitiated atmosphere where others suffer with the disease will contract it by infection. In the Lying-in Asylum, in Vienna, a destructive epidemic of pyæmia carried off a large number of women, until it was found that the disease was communicated by the students from the dissecting room. In this instance the agent which generated the disease was not pus, but decomposed animal tissue. You all know the dangerous character of the smallest wounds received in dissecting. The danger here depends upon pyæmic intoxication of the blood, although there is no pus; the name of pyæmia, therefore, does not convey a correct idea of the nature of the disease; it is, in fact, a septæmia, for the decomposed matter of the dissecting room will produce the disease without pus, and pus to produce it must have undergone a certain decomposition, for pus in a closed abscess without access of atmospheric air will not produce it. I do not pretend to give you the correct pathology of this destructive disease, I only want to point out to you that the name Pyæmia, although it indicates some of the leading features, yet is apt to carry us to a hasty and faulty conclusion, and to lay before you a number of facts bearing upon the subject, which have all to be weighed in order to arrive at a correct appreciation. Pyæmia does not express enough, Septæmia too much, as it would embrace other diseases, such as, for instance, Scurvy, which do not belong here; a new name, Pyoseptæmia, would perhaps convey the best idea embracing the leading features, and excluding others which are foreign to the disease.

Pyæmia, or Pyoseptæmia as I think it should be called, is emphatically a blood disease, which may develop itself either spontaneously, that is, the individual itself furnishing the poison, or by contagion, or by infection, the poison being furnished either from other pyæmic patients or from dissecting room poison, or from patients with erysipelas, either by actual contact or through the medium of vitiated air. That it is a blood-poisoning is evidenced by the manner of its communication, by its symptoms, namely, that it is ushered in by constitutional disturbance, rigors, vomiting, diarrhoea, etc., frequently without any change in the appearance of the local affection or wound, that it is communicated to persons without wounds and in perfect health; thus the attendants in hospital wards where pyæmia is epidemic, and in lying-in asylums where puerperal fever rages, become attacked with all the constitutional signs of the disease, which do not yield until the sufferer is removed from the influence of the poisonous atmosphere. In all these respects pyæmia differs materially from the hospital gangrene, of which I expressed to you in my last lecture the opinion, that it was a local disease; it only attacks persons who have a wound, and local treatment, that is the destruction of the affected part, will cure it, and if no new infection takes place the disease will not return. Local treatment in pyæmia effects nothing.

Against the sporadic, or, as I have called it, the spontaneous development of pyæmia where the patient develops the poison within himself, and then infects himself, we

cannot guard, because we know not what circumstances or concurrence of circumstances bring about this effect; all we know is that certain wounds are more apt to produce it than others, thus wounds of the head, especially where the brain is involved (here we find in a large proportion abscesses in the liver), all wounds near the trunk, especially about the scrotum and perinaeum, and more than any others gunshot fractures. But if we are helpless in resisting the development of spontaneous pyæmia we are not so in preventing its epidemic occurrence. The utmost cleanliness of the wards, scrupulous attention to ventilation, and all the other hygienic measures upon which I have insisted on former occasions; avoiding as much as possible the accumulation of patients with suppurating wounds in the same ward, and not allowing a constant succession of wounded to occupy the wards, but to have the wards from time to time evacuated and thoroughly cleaned and policed. Stromeyer recommends to have always, if possible, a portion of the hospital unoccupied, so as to be able to transfer the patients from time to time to a clean ward. Do not allow the assistants who make the post-mortem examinations, to dress the wounded without a previous thorough cleaning and airing. In large hospitals it is best to detail an assistant exclusively for the post-mortem examinations, who is to have nothing to do with the wounded. Keep all instruments and other appliances, such as sponges, etc., used in the dead-house entirely distinct from those used in the wards of the hospital. If cases of erysipelas occur separate them from the rest of the wounded. If in spite of all these precautions pyæmia should show itself in an epidemic form the safest plan is to evacuate the premises, take your patients to another building or place them in tents or shanties, and have the hospital thoroughly overhauled before you occupy it again with wounded.

Pyæmia may appear in a more or less acute form, and its danger is in direct proportion to its acuteness. In the most acute form it becomes fatal before any purulent deposits in distant parts can take place. The patient is, while apparently doing well, suddenly seized with a rigor with vomiting and diarrhoea, cold extremities and all the symptoms of collapse, and never rallies; in other forms of the disease an irregular succession of rigors and all the other symptoms in less intensity indicate and lead to the purulent deposits, either in the large cavities or in the joints; the mildest form of the disease is where the purulent deposits take place in the cellular tissue near the surface, forming rapidly and without much previous local inflammation large abscesses, which in some instances assume a critical character, the system thus eliminating the poison. In some cases the disease is preceded by premonitory symptoms, the worst of which is venous hæmorrhage, which, although it may be but slight in quantity, indicates an obstruction in the veins above. As far as my memory serves me I have never seen a patient recover who has had, without apparent cause, venous hæmorrhage from a suppurating wound.

The treatment of Pyæmia consists in the free administration of diffusible and alcoholic stimulants, with quinine and opium. Under such a regimen some of the more chronic cases may recover; in the acute forms, the stomach rejects every thing. In these cases, I have found iced-champagne giving the most relief; in fact, the only thing which the stomach would retain.

If any of the assistants, or other hospital attendants, manifest the constitutional signs of Pyæmia, viz. prostration of strength, pale countenance, foul tongue, irregular chills, with vomiting and diarrhoea, they must for a while leave the hospital, have plenty of fresh air and quinine, and they must not too soon return to their duties in the hospital, otherwise they will have a relapse.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE will hold their thirty-third annual meeting at Newcastle-on-Tyne in August next.—*Brit. Med. Jour.*

Original Communications.

EXPERIENCES IN MILITARY SURGERY.

By DAVID P. SMITH, SURGEON VOLS.,

SURGEON IN CHARGE OF FAIRFAX SEMINARY HOSPITAL.

I HAVE remarked somewhat at length upon amputation at the knee-joint, and I am very desirous of urging upon the profession the importance of its adoption whenever practicable. I believe on extended trial it will be found far less fatal than any amputation of the thigh. In almost any injury of the knee-joint it can be done either by circular incision a little below the patella or by one or two or three skin flaps. I should remove as little as possible of the femur, preferring to leave it intact so as not to open up its internal structure. In this operation no muscular tissue of any extent is wounded, which must and does add to its security.

I cannot give statistics of this operation, owing to my constantly changing post. Of two cases in which I performed the operation upon Confederate wounded, after the battle of Mill Springs, the progress for a fortnight was very favorable, and that too when subsistence for all was extremely precarious. After Pittsburgh Landing three cases—where I removed the limb at the joint—went on favorable for three days that I saw them. I could not ascertain their subsequent history. Of two operations at this hospital one died within twenty-four hours, apparently from the fact that the surgeon who administered the chloroform gave a very large quantity; the other case did well and recovered with a fine stump. A man was also brought here from Bull Run who had undergone the amputation on the field; he did well, and went home with a good healthy stump.

Shall Amputation be Performed in Gunshot Fracture of the Femur from a Conical Lead Bullet?—The importance of this question cannot be over-estimated. It is one we are frequently called upon to decide.

While in the field at the West, although seeing many fractures of the femur, and performing or ordering performed many amputations for said injury, I was not stationary long enough at any one place to see the result of such practice. From dissection of such injuries after they were removed by amputation I was, however, enabled very early to recognise the hopeless nature of such cases if left to themselves.

Conical balls make terrible work. In one case I removed the limb at the hip-joint on account of the complete shattering into fragments of at least one-half of the femur by a minié. Civil surgeons who had hastened from Chicago to Pittsburgh Landing, and who assisted me with the wounded on board of the Crescent City, on its way up to St. Louis, assured me that they had never dreamed of anything like what they found.

The complete destruction of the bone can be described perhaps by saying that sometimes the whole shaft will be as completely shivered, and fragments driven into remote portions of the limb, as if a small shell had exploded in the bone. For example, in one case where I was picking out the fragments caused by a minié ball passing through the humerus at the insertion of the deltoid, I found a fragment of bone driven into the joint between the radius and external condyle.

Amputation of Thigh.—I take it that the great maxim to be observed in amputation of the thigh is to perform it as low down as possible. We ought to hug the knee-joint.

The method of performing the operation should, in my opinion, be the same as that before recommended to be practised on the leg, taking care, when the amputation is in the lower third, to so transfix the limb that the femoral artery and sciatic nerve may be in the short posterior and internal flap. When the anterior flap cannot be made of

the length of the semi-circumference of the limb, it can be made shorter and the posterior increased in length. It will then resemble the method which I have seen Mr. Syme of Edinburgh prefer to all others. Of course, above the middle of the limb the femoral artery must be in the anterior long flap, affording a fine opportunity for acupressure, which I saw repeatedly practised in Scotland with success.

I can give no statistics of the cases of fractured thigh-bone occurring at the battles of Mill Springs and Pittsburgh Landing, because they were soon sent to St. Louis and Cincinnati.

After the second Bull Run battle I received into Fairfax Seminary hospital eighteen cases of this injury. Of these, at this date, 14th February, 1863, twelve have died, and one of the six survivors is in a very critical state. If he escapes a deposit of tubercle in the lungs, it will be more than I expect. Wasting suppuration and pyæmia carried off the twelve. In four of these eighteen cases secondary amputation was performed as a *dernier ressort*, but the abscesses present in each case forced me to perform the operations so high up that a fatal result followed.

Would not the plan of Chassaignac, to amputate by the écraseur, be worth a trial in some of these secondary amputations? The great advantage would be that the suppurating surface left would be exceedingly small, and the tissues would be so matted together that absorption of pus could hardly take place.

After the battle of Pittsburgh Landing I amputated once at the hip-joint, for complete shattering of the femur to fragments. It was on the sixth day after the receipt of the gunshot, and the man lived as near as I can ascertain for from six to eight days. I made a long anterior flap, which was firmly grasped by two hands passed in behind the knife, disarticulated and cut straight down; tied the arteries in the short posterior flap first, and finished with the femoral. The operation occupied not more than ten seconds, and not more than four ounces of blood were lost. He rallied well from the shock. No particulars of his case after I left him ever reached me.

Removal of Sequestra.—It has been my fortune several times to execute difficult and dangerous operations for the removal of sequestra imbedded in a large mass of new bone thrown out around the seat of a gunshot fracture, and I am sure no better argument is wanted to prove that, whenever and wherever practicable (and where is it not?), free incisions should be made, and all detached or semi-detached fragments of bone removed soon after receipt of the injury. Any pointed spicula which yet remain, a portion of the main shaft, need not be removed unless they irritate the surrounding soft parts. I am convinced that it is this procedure alone, making free and depending incisions, that will suffice in a case of shattered femur.

I have now on the table before me a preparation of the lower third of the femur, where I was compelled to perform amputation of the limb one hundred and thirty-five days after gunshot fracture took place, on account of necrosed bone to a large amount being so imbedded in new bone as to render extrication impossible.

An enormous mass of callus completely envelops the dead portions, with here and there cloaca.

In a similar case of injury received at the same time, I have just made an extensive incision, and extricated all the necrosed fragments that could be got at. At best the limb is not and cannot be made equal to one of Dr. Hudson's artificial limbs.

A new Splint in Fracture of Femur.—In my cases of shattered limbs I use a slat of pine wood extending from the crest of the ilium to just beyond the sole of the foot. It should be about two inches wide and half an inch thick. A similar stick runs up on the inside of the limb to the perineum. Join the two by a cross-piece below the sole of the foot, and by a cross-piece passing in front of the thigh just below the perineum; suspend the limb in this by separate strips of bandage passing under the limb, then

over the two sides of the cradle, and the ends tying in a bow-knot; suspend the splint from above so that the whole limb and its dressings may swing clear of the bed; change the tension of this or that muslin-strip until the limb lies easy; lead the cords that suspend the splint a little downwards so as to make any necessary extension; raise the foot of the bed an inch or two to furnish counter-extension if needed; and you have my idea.

In no other way can an excised knee or gunshot fracture of the femur be so completely cared for. One will see at a glance that the limb can be most completely cleansed and dressed without stirring it in the slightest.

NEW YORK STATE MEDICAL SOCIETY.

By S. D. WILLARD, M.D.

In a former article I endeavored to impress upon the medical profession in this State, their obligation and duty to sustain the Medical Society of the State of New York, and to incite them to the performance of that duty. It is an institution that is exerting a high-toned influence upon the profession, and in behalf of the profession upon the public. By its scientific and literary publications, by its conservative opinions and stringent ethics, and by its constant aim to devise new means to avert and relieve human ills, it compels respect and esteem from men of every medical creed.

In its organization it was wisely made dependent for its members on delegates from the County Medical Societies and Medical Colleges of the State, thus creating a mutual dependence and stimulus each upon the other. The design of the present brief article is to call attention to the manner and frequency with which these several institutions have sustained their representation in the State Society, to award credit to those which have proved worthy of it, and to stimulate to efficient action those which have hitherto done nothing to deserve it.

By reference to the subjoined tables will be seen the number of delegates to which each Medical College and County Society is by law entitled, and the number by which each has been represented for several years past. Thus embracing eleven years:—

	Entitled to Delegates.	Present in 1858.	1859.	1860.	1861.	1862.	1863.	1864.	1865.	1866.	1867.	1868.
Buffalo Medical College....	1	0	0	1	1	0	0	0	0	0	0	2 in 11
Geneva Medical College....	1	0	0	0	0	1	0	1	1	1	1	6 " 11
Albany Medical College....	1	1	1	1	1	1	1	1	1	1	1	11 " 11
College of Phys. and Surg. ...	1	1	1	0	0	0	0	0	0	0	0	2 " 11
University of New York....	1	1	1	0	0	0	0	0	0	0	0	2 " 11
New York Medical College....	1	0	0	1	1	0	0	1	1	1	0	5 " 11
New York Acad. of Med....	5	1	1	1	1	3	4	1	3	4	2	21 to 5
Bellevue Hosp. College....	1	0	0	0	0	0	0	0	0	0	0	1
Long Island Hosp. College....	1	0	0	0	0	0	0	0	0	0	0	1

The natural suggestion is—Have the colleges in the State taken an important part in sustaining the Medical Society? And why have the Buffalo Medical College, the College of Physicians and Surgeons, and the University of New York been so delinquent? It is not because the Society did not appreciate their delegates, for two of them were speedily elected permanent members, and to the Presidency. Without questioning what may have been the occasion of this neglect on the part of the several colleges of late years, I would present the above table for their examination, and urge them to apply the remedy which it indicates. The account stands against them in no favorable light. The table for medical societies is only prepared for a period of five years. A few hours' labor might have extended it for a period of twenty years, but I am unwilling to have the foreign readers of the "TIMES" know how negligent some of the County Societies have been of the advantages which they might have enjoyed, and of the duty which for so many years they have failed to perform. I would have such readers believe, that at a period more remote an

exhibit would have been more favorable, while I would not have them call on me to confirm such belief.

The following table will show pretty conclusively where the county organizations are sustained, and what degree of interest is manifested in them at the present time, and it affords a very correct indication of the counties where medical organizations have been totally neglected, or been, to the discredit of the profession—abandoned.

The table is as follows:—

	Entitled to Delegates.	Present in 1859.	1860.	1861.	1862.	1863.
Albany County Medical Society	4	4	4	4	4	4
Alleghany Co.	2	0	0	0	0	1
Broome Co.	2	0	0	1	1	0
Cattaraugus Co.	2	0	0	0	0	0
Cayuga Co.	2	0	0	0	0	0
Chautauque Co.	2	0	0	0	0	0
Chemung Co.	1	1	0	0	0	0
Chenango Co.	2	2	1	2	2	1
Clinton Co.	1	0	1	0	0	0
Columbia Co.	2	0	2	1	0	0
Cortland Co.	1	1	1	0	0	0
Delaware Co.	2	3	0	0	1	2
Dutchess Co.	2	0	0	2	1	0
Erie Co.	4	2	0	0	0	1
Essex Co.	1	0	0	0	0	0
Franklin Co.	1	0	0	0	0	0
Fulton & Hamilton	1	0	0	0	0	0
Genesee Co.	1	1	1	0	1	1
Greene Co.	1	1	0	1	1	1
Herkimer Co.	2	2	2	1	2	1
Jefferson Co.	3	0	0	0	0	0
Kings Co.	7	1	4	3	5	1
Lewis Co.	1	0	0	0	0	0
Livingston Co.	2	0	0	0	0	0
Madison Co.	2	0	1	2	1	2
Monroe Co.	3	0	2	1	2	2
Montgomery Co.	1	1	1	1	1	1
New York Co.	17	3	3	9	3	6
Niagara Co.	2	0	1	0	1	0
Oneida Co.	4	3	3	1	2	3
Onondaga Co.	3	3	3	1	2	1
Ontario Co.	2	1	1	0	1	1
Orange Co.	2	0	1	0	0	0
Orleans Co.	1	0	0	0	0	0
Oswego Co.	3	1	2	1	2	0
Otsego Co.	2	2	1	2	1	1
Putnam Co.	1	0	0	0	0	0
Queens Co.	2	0	1	1	0	2
Rensselaer Co.	3	3	3	2	1	2
Richmond Co.	1	1	0	1	0	0
Rockland Co.	1	0	0	0	0	0
St. Lawrence Co.	3	1	1	0	0	2
Saratoga Co.	2	1	1	2	1	1
Schenectady Co.	1	0	0	0	0	0
Schoharie Co.	1	1	1	1	1	0
Schuyler Co.	1	1	0	0	0	1
Seneca Co.	1	0	0	0	0	0
Steuben Co.	3	0	0	0	0	0
Sullivan Co.	1	1	1	0	1	0
Suffolk Co.	2	0	0	0	0	0
Tioga Co.	1	0	0	0	0	0
Tompkins Co.	1	0	1	0	0	0
Ulster Co.	3	0	2	1	2	0
Warren Co.	1	0	1	1	1	1
Washington Co.	2	0	1	1	2	1
Wayne Co.	2	0	0	0	0	1
Westchester Co.	3	2	2	3	2	1
Wyoming Co.	1	0	0	0	0	0
Yates Co.	1	0	0	0	0	0

It will be seen that some of the larger societies, not remote from the Capital, like New York and Kings, have done less than those like Chenango and Oneida.

The object of the present article is not to censure, but to point out directly where the want of interest lies, so that each one can see it, and so that it cannot be hid from any medical organization, nor from any member of the profession. It is to do this at an early period of the year, in order to stimulate to a full delegation from every section of the State for the next annual meeting, and to secure the permanent interest and influence which the State Medical Society now exerts.

CHOLESTERINE, the fatty matter of bile, has been discovered by M. Beneke in various vegetable substances. It exists most abundantly in peas, in several species of grain, and even in olive oil.—*Brit. Med. Jour.*

REMOVAL OF A LARGE UTERINE POLYPUS

BY THE LIGATURE AND EXCISION.

By G. MILIANO, M.D.

OF NEW YORK.

As surgical operations for polypi of the uterus are somewhat infrequent, the following case, which came under my care, may not be without some interest to the profession in general.

Mrs. A. S.—, æt. 43, naturally of a strong constitution, about four years ago, noticed that her catamenial discharges were of more frequent recurrence than natural. Instead of the menses taking place every four weeks, as usual, they made their appearance every two weeks. In this way they continued for six months, when they again became regular for a month or two longer. In this state of irregularity, and suffering more or less inconvenience from this circumstance, she went on for about one year more. At this time, without any perceptible cause, her menstrual flow became of weekly occurrence, the interval being supplied by a leucorrhœal discharge. The health of the patient was at length much impaired by reason of the abnormal discharges attended by pain in her back, loins, and thighs, with great weight or "bearing-down" sensation of the uterine region.

To this state of things subsequently were added phenomena of a different character. The leucorrhœal and bloody discharges were accompanied with constipation and incontinence of urine; her sufferings increased; excoriations of the vulva and thighs gave her much distress, while there was a very perceptible decline of her vital powers, so that her locomotion was rendered difficult and burdensome. While in this condition she called upon me for advice. The history which the patient gave of herself, without an examination of the disease on my part, led me to believe that she was laboring under prolapsus uteri—which opinion had also been expressed by other physicians who had examined the case. The patient herself dated the displacement from the birth of her last child, four years previously. On examination per vaginam, a large elastic tumor was discovered, occupying a portion of the dilated cul-de-sac, or upper portion of the cavity of the vagina. On passing the index finger up I discovered that the body which presented was not the uterus, but some abnormal substance connected with that organ. A pedicle of the tumor was found descending through the neck of the dilated cervix from the cavity of the uterus, simulating very much a cork within the neck of a champagne bottle, the smaller portion or pedicle occupying the neck and cavity of the uterus, while the larger or external portion formed a cap at the entrance to that organ.

The patient consenting to its removal, the operation was performed on the 15th of April, 1862, at the patient's house, in the presence of Drs. HEDGES and VAN VOSTE. She was placed on a table, with her head elevated and her thighs drawn up as in the operation for lithotomy. Two fingers and then the thumb of the left hand, properly oiled, were then introduced, and the tumor drawn down by the traction to some extent. While held in this position a strong waxed silk thread noose was placed around the lower portion of the tumor, and carried through the cervix up to the root of the mass or pedicle by a pair of forceps in the right hand, and there held, while an assistant made a strong traction from either side on the ligature, so as to strangulate the tumor at its origin, when a second noose was tied by bringing the two ends of the cord together. The ends of the ligature were now clipped off, the body of the tumor grasped by the thumb and the middle finger of the left hand, while the index finger of the same hand was made to guide the blunt points of a pair of curved scissors held in the right hand, so as to introduce it into the neck of the uterus, and carry it to the source of the tumor in the cavity of that organ, a little below the ligature. Its pedicle was then divided by three or four cuts of the scissors, when the

polypus was detached and brought away. The bleeding that followed did not exceed a dessert-spoonful in amount.

On examining the growth it was found to be about three and a half inches in length, and two and three-quarters in width, the pedicle measuring two and a half inches in circumference.

The patient did not complain of any pain during the operation, though no anæsthetic agents were given, the whole duration of which did not exceed five minutes. When it was finished she arose herself from the operating table without any aid, and retired to her chamber, where she remained three or four days without any fever or any other unpleasant symptoms, being kept in the meantime on a light diet. At the end of a week, a few emollient and astringent injections having been ordered, the ligature came away, and the patient was discharged *cured*, and has remained in excellent health, with a regular menstruation ever since.

The combined operation of the ligature and excision, as practised in this case, was first performed in France by M. HERVEZ, of the Paris school. Hervez's operation is not, I believe, very frequently practised in this country.

No. 42 UNIVERSITY PLACE.

Reports of Hospitals.

GENERAL HOSPITAL, No. 19, NASHVILLE, TENN.

CASES IN MILITARY SURGERY,

By JOHN SHEADY, JR., SURGEON U.S.V., IN CHARGE.

I.—*Fissure of the Inner Table of the Cranium—Purulent Softening of the Brain*.—M. A. T., 97th O. V., Co. I, admitted Jan. 5, 1863, having received a slight scalp wound from a glancing musket ball, which gave him no alarm or uneasiness. Examination with probe detected no injury of the calvarium. Ordered simple water dressings, patient allowed the liberty of the ward. Jan. 10.—Up to this time, nothing has occurred worthy of note; except that he is very fidgety, and that he keeps getting in and out of bed. Appears intelligent upon interrogation. Nothing abnormal except a rather whitish tongue and accelerated pulse. The wound presents a somewhat puffy appearance about the edges. Jan. 15.—Obstinate constipation: cannot retain even liquids upon his stomach. Lies stupidly abed, with the flexor muscles of his arms and forearms strongly contracted. Has what, by an exaggeration, might be called a subsultus tendinum. Pupils dilated and irresponsive to light. Mutters incoherently, pulse not over 100. R. Potass. iod., grs. v.; syr. simpl. ʒss. Solve. Tal. ter in die cap.; and to get a speedy action of the bowels, R. Ol. ricini comm. ʒi.; ol. tigii, gtt. j.; M. s. cap. statim. Jan. 16.—No change for the better. Notwithstanding a repetition of the purgative, he still has had no alvine evacuation. Jan. 21.—Aggravation of all the symptoms. His nurse says that constipation is one of the leading features of the case. When asked to thrust out his tongue, slightly parts his teeth and exhibits its tip. Apparently dreads a further examination of the wound. With a view of a more thorough exploration, and perhaps of evacuating the pus, which is suspected to be the cause of the mischief, a crucial incision into the scalp was resorted to, without anæsthesia; about two drachms of pus escaped, and bone found denuded to the circumference of a dime. Beef-tea was assiduously but hopelessly pushed. Jan. 2.—Died early this morning.

Post-mortem Examination.—Turbid serum follows the saw. Fissure of the inner table of cranium, with a rough sharp prominence an eighth of an inch to the left of the frontal suture, near the site of what phrenologists call "the organ of veneration." Ulceration of the dura mater immediately beneath, for the space of about two inches in length by about half an inch at the point of greatest diameter. Venous congestion well marked. Brain substance soft and

receiving the fingers without resistance. Greenish pus in abundance.

II.—*Gunshot Wound—Compound Comminuted Fracture of Left Metatarsus—Secondary Amputation of Leg at Lower Third—Death by Pneumonia*.—Gottlieb Trost, 51st Ohio V. Co. B, private, admitted Jan. 19. Wounded six days previously by the accidental explosion of an old gun-barrel, which a comrade thoughtlessly threw into a camp-fire some fifteen yards distant from him. The charge passed directly through the metatarsus, entering on the tibial side. Although strongly urged to submit to an immediate amputation, he peremptorily refused. The wound on admission presented a ragged, sloughy, and blackened appearance. A thin, somewhat yellow-looking fluid was copiously yielded on pressure from all parts of the foot. Great depression of the vital powers. Jan. 22.—By dint of the assiduous administration of tonics and stimulants, the patient is brought into a reasonably fair condition. Pulse firmer and fuller. Capillary circulation much improved. Condition of wound worse, the probe grates upon denuded bone and numerous spicula. There being no good reason for deferring surgical interference, amputation at the lower third of the leg, by the flap method, was performed during anæsthesia by chloroform. No shock. Jan. 25.—Shows no untoward symptom save indifference about food. Jan. 26.—Difficulty of respiration, loss of appetite, dulness on percussion, tubular breathing, cracked pot sound. R. Sulph. quinin. gr. j.; a. cap. quaque hora; sinapisms; heaters disposed about the body; enemata of beef-tea. Jan. 27.—Pulse 130. Respiration 68. Coarse mucous râles. As far as can be ascertained no rusty or prune-juice expectoration. Evidently fast sinking. Continue treatment. Jan. 28.—Died just after midnight.

Secutio Cadaveris.—Fifteen hours after death. Heart and abdominal viscera healthy. Lower lobes of both lungs much solidified, and mottled with dark spots all over its substance. The left lung appears more implicated than the right, although in the latter the scalpel entered a small abscess.

III.—*Compound Comminuted Fracture of the Tibia and Fibula—Secondary Amputation of the Femur—Death*.—John Bause, 42d Ind. Inf., Co. B, private, a vigorous Prussian, aged 24 years, admitted Jan. 5, wounded by a minié ball on the 31st ult., the missile striking upon the crest of the tibia, producing a large lacerated opening. Both bones were discovered to be much shattered for about an inch and a half of their respective shafts; a free discharge of ill-conditioned pus and general condition of parts below point of injury anything but promising. Attributes much of his present condition to his long ambulance ride. Much constitutional disturbance, a white furred tongue, feeble rapid pulse, loss of appetite, and an anxious countenance. An erythematous blush suffuses the entire limb. Ordered a supporting diet, porter, etc. R. Sulph. quinin., grs. xij.; morphine, grs. iij. M. Divid. in chart. No. vj.; s. one every four hours. Case left to abide further and more favorable indications. Jan. 6.—Appears somewhat rallied, anodyne has had its proper effect. The erythema more circumscribed and fading away. Continue treatment. Jan. 8.—As the injury is so near the knee-joint, and his constitution is making futile efforts to carry its extra load, the limb was amputated at the junction of the lower with the middle third by the ordinary flap method. Anæsthetic chloroform. Jan. 9.—Passed a comfortable night under the influence of a strong anodyne, and, except a little smarting at the seat of operation, complains of nothing unusual. Appetite fair, pulse 130, which is a slight advance in frequency. Ordered water dressings to the part. Diet as before. Jan. 10.—Quiet and uncomplaining; still some febrile excitement. Appetite only fair. Jan. 11.—Expression of countenance "beseeching." Pulse 140. The diarrhoea with which he begins to be troubled tells upon his strength. Loathes his food. Jan. 12.—Has had one or two irregular chills. Hæctic flush and Hippocratic countenance. Jan. 13.—As dressings are removed a suspicious oozing of blood occurs; wound at edges puckered, swollen, and emitting ill-odored

pas. Jan. 14.—The blood which stains the dressings is quite thin, although not great in quantity. Some dyspnoea; dulness over part of left lung, but tubular breathing not well marked. Jan. 15.—A comfortless night, owing to difficulty of respiration. Stares at you when interrogated regarding his feelings. Died at 10. No autopsy from want of facilities, the hospital being only in process of organization.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, NOV. 12, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

TUMOR OF SCALP.—PAINFUL TUBERCLE.—SUPERNUMERARY FINGER, ETC.

DR. POST presented several small specimens; the first consisted of a tumor, removed from the scalp of a woman, aged 50 years. It was situated on the left side, at the junction of the lambdoidal and sagittal sutures; was about the size of a small hazel-nut; had been growing for about two years, and the only circumstance which gave rise to the suspicion that it was not an ordinary encysted tumor was, that it had been the seat of occasional pain. It was removed by halves, and an incision having been first made through its centre, it was found that instead of being situated—as is usual with such tumors—between the scalp and pericranium, it was beneath the pericranium, and attached to the bone. Dr. Draper examined a portion of the tumor, and found it to be fibro-plastic in character.

The second specimen consisted of a small subcutaneous painful tubercle, about a quarter of an inch in diameter, removed from the leg of a woman, a short distance below the knee.

The third specimen was a supernumerary finger, removed from a young child; the fifth from the labia pudendi of a married woman; the sixth an eye, the seat of a remarkably developed staphyloma, removed from a child 4 years of age. The staphyloma in this case was due to gonorrhoeal inflammation. The patient rapidly recovered.

He also exhibited a seventh specimen, consisting of the results of a series of operations for lithotripsy. There were numerous fragments of stone, each weighing from five and a half to eighty grains. All the fragments passed readily through the urethra, with the exception of two large and irregular-shaped ones. Both were arrested in the glans penis, one requiring the use of a small pair of forceps, and the other the slitting up of the glans to the extent of one-half or three-quarters of an inch for its removal. There were in all nine operations performed. The stone was crushed at each instance, very easily, although considerable difficulty was experienced in moving the instrument freely, while in the bladder. The stones consisted of oxalate of lime. At no time was there any urethritis or epididymitis as the result of the operative procedures.

SPECIMENS OF MORBUS COXARII.

DR. SAYRE presented a portion of the head of the femur and trochanter major, which he had removed from a lad aged 8 years. The patient, when about 5 years of age, was kicked upon the hip by another boy, and in the course of a few weeks after symptoms of hip disease developed themselves. He was confined with a splint for four months, but no extension was used. When he had partially recovered from the inflammation he fell again. Dr. Gross, who then saw him, recommended confinement, and actual cautery. Suppuration of the joint commenced in Oct. 1861. On the 10th of April, 1862, Dr. Sayre excised the head of the femur and trochanter major. On making an incision down upon the diseased bone the joint was found open in two places, and surrounded by a fibro-cartilaginous material.

The head of the bone was found loose in the joint, and almost entirely absorbed. The neck of the femur was entirely gone. The trochanter major, being found the seat of an abscess, was also excised. After the operation the limb was placed in Dr. Bauer's wire breeches, and the wound rapidly healed. The patient living in the country, returned home at the end of two months, and Dr. Sayre did not see him again until the day before the presentation. The patient was exhibited to the Society, and though the affected limb was shorter than its fellow, it could be moved about in every direction without giving rise to any pain. He was enabled to stand erect without the aid of an apparatus.

DR. SAYRE exhibited a second specimen, consisting of the head and upper portion of the femur, which he had removed from a young lady from Burlington, Iowa. About two years ago the patient fell, striking on the left hip; the injury was followed by inflammation and suppuration, and in the course of the next eight months an opening in the joint formed spontaneously. At the time Dr. Sayre first saw the case the suppuration was very profuse, and the ilium being perforated there was considerable doubt in his mind as to whether an operation for the removal of the diseased bone would be advisable. The patient, however, coming from such a great distance, and withal being the victim of such severe suffering, all objections were waived, and the operation was performed on the 3d of July. After the incision was made the assistant, in attempting to luxate the femur, fractured it just above the knee. The head of the bone was found loose in the acetabulum, but the neck of the femur was entirely absorbed. As the operation was proceeded with, the reason why the femur could not be luxated was explained from the fact, that its upper portion had become firmly engaged in the opening through the ilium. The trochanter major was then sawn through, and the engaged portion easily removed. Passing the finger through the opening the surface of the ilium, external and internal, was roughened. All that portion was removed and the limb was placed in position, the wound being left open to afford a free exit to the discharge. The patient was very much depressed by the intense hot weather which followed the day of the operation, but she fortunately rallied. In the course of time an abscess formed on the internal aspect of the thigh, which opened, discharged, and closed again. Matter having again formed in that locality a second opening was made, which was found to communicate with one on the external aspect of the thigh; the communication between these two was then maintained by means of a seton, when a short time after exfoliated bone was discharged and the wound healed. Shortly after this occurrence she went home and recovered.

The third specimen consisted also of the head of the femur and trochanter major, removed from a girl aged seven years, who at the time was suffering from hip disease in the third stage. The neck of the femur was also entirely absorbed in this case. The wound entirely healed at the end of seven weeks, there being scarcely any suppuration following the operation. When last seen by Dr. Sayre the patient was doing exceedingly well, and there was but a slight amount of shortening. The affected limb was immensely developed.

DR. SAYRE also presented a fourth specimen, being the head of the femur and trochanter major, which were removed from a young girl, thirteen years of age, the daughter of Dr. Davis of Lancaster, Ohio. The disease had arrived at its third stage, and previous to the operation four sinuses had formed connecting with the joint. In this case also the thigh was fractured in the attempt to luxate the head of the bone. The reason for this was, that a large involucre formed around the capsular ligament, causing firm ankylosis at that point. After removing the head of the femur Dr. Sayre had to pass down and saw off the bone below the trochanter. At last accounts from the father the child was getting on finely, and was able to get about without the use of crutches.

A fifth case was presented, which, however, did not ter-

minate so favorably as the others. The specimens, consisting of the head of the femur and portion of the shaft, were removed from a lad aged fourteen, who had suffered from hip disease since five years of age. When he came under observation, there was a large sore extending from the ilium half way down the thigh, besides four sinuses on the anterior aspect of the limb, all of which communicated with the joint. The involucrum surrounding the joint was so firm, being almost half an inch thick, that it was necessary to pass down two inches below the joint, and saw off the femur at that point. For nineteen days after the operation the case progressed very favorably, when an attack of pneumonia supervened, leaving the patient very ill for ten or twelve days, at the end of which time he was seized with tetanic spasms, and died in the course of three days after. The only relief obtained for the sufferer was by means of chloroform and ice to the back of the neck.

On post-mortem examination healthy granulations were observed covering the upper end of the femur, and also all that remained of the surface of the acetabulum. There was no deposit of tubercle in any other part of the body.

With each one of the four specimens, Dr. Sayre exhibited a photograph of the patient, before and some time after the operation.

Lastly, DR. SAYRE exhibited a specimen of gangrene of the sac of femoral hernia, removed from a female of sixty-two years of age. The patient had been the subject of femoral hernia of the right side for 16 years, but not until a short time previous to death was such a state of things discovered by her physician. She had been subject to frequent attacks of colic, and during the last seizure the physician examined for hernia, and discovered that a portion of the abdominal contents had passed through the femoral ring, and had become strangulated. Dr. Sayre saw the case in consultation forty-eight hours after this discovery was made. Failing to reduce the protruding portion by manipulation, an operation was decided upon and accordingly performed. On opening the sac it was found to be gangrenous, and to contain about an ounce of grumous fluid. The sac was then divided and all the sloughy portion removed, while the portion of omentum engaged in the sac, being also gangrenous, was removed.

DR. KRACKOWITZ remarked, that never in his experience had he met with a case of gangrene of the hernial sac, even in those instances where the strangulated portion was sloughy.

DR. POST thought that Dr. Sayre acted wisely in removing the strangulated portion of omentum, remarking that the results of such a system of practice were more favorable than when any suspicious-looking tissue was returned into the abdominal cavity.

SUPERNUMERARY THUMB, ETC.

DR. JACOBI also presented several specimens. The first consisted of a supernumerary thumb, removed from the hand of a female infant, aged nine months. The size of the two hands was the same, with the exception of a slight swelling of the upper portion of the right thumb, which in its turn was smaller than its fellow. The swelling upon the thumb was due to slight enlargement of the lower condyles of the metatarsal bone. The supernumerary member could be moved, it being possessed of an independent joint.

A second supernumerary thumb was next shown, removed from the left hand of an infant. This, however, had no joint, and was merely connected with the normal thumb by a peduncle of skin and connective tissue. This, however, was not the only anomaly in this infant. When it was first seen, being then but a few days old, there was a cleft palate and double hare-lip; besides this there was a supernumerary thumb on the right hand, flexion of the right index finger, and between the normal thumb and index finger there was a large web extending to the middle joint of the latter. On the left hand there was contraction of the second joint of the middle finger. In both

these instances the contraction was done by the flexor muscles. On the left foot the large toe was complete, but the second toe consisted only of one bone, and on its end had two small excrescences, which took the place of the nail. The third toe was also only constituted of one bone, and was likewise without a nail. The fourth and fifth toes were contained in but one envelope of skin, and were likewise destitute of nails. There was also no joint to these. On the left foot the large toe was a great deal shorter than the corresponding member upon the other foot; there were two nails upon this, on either side of the anterior portion. The second toe was only about three-fourths the length of the great toe, and instead of a nail there were only visible two small grooves. The toe was constituted of one bone, but was possessed of a joint. The third toe was larger than the second, and like the fourth had but one joint, and was without a nail. The fifth toe was like the other toes, but had no joint.

In the family of the first child no anomalies of the sort had ever been noticed. The second child was one whose parents were first cousins. Dr. Jacobi remarked, in concluding a description of these specimens, that it was rather unusual to meet in both instances with supernumerary thumbs, the rule being that such superfluous members were mostly attached to the fifth finger or to any of the others. He had never before met with an instance where two toes were contained in the same skin, and had never before seen a double-jointed metatarsal bone.

TUBERCULOUS DEPOSIT IN UPPER LOBE OF LUNG IN INFANT.

The next specimen consisted of the lungs, spleen, and kidneys of an infant of five months. The child had not been seen by Dr. Jacobi previous to the time when the post-mortem examination was made. The diagnosis that had been made was, tuberculosis with solidification of the upper lobe of the right lung, and enlargement of the spleen. The little patient had been ill for a long time, and had suffered from cough followed by emaciation and death. The lungs on post-mortem examination presented a very peculiar appearance. The right and left lungs were completely infiltrated with tubercle. There were, besides, extensive pleuritic adhesions throughout that side of the chest; there were, however, no evidences of pleuritis on the left side. Though both lungs were infiltrated the infiltration was most marked in the upper lobe of the right lung and the lower lobe of the left. A wax cast of the two organs in their recent condition, made by Dr. Prince, was exhibited, beautifully illustrating this condition of things. The liver was the seat of fatty degeneration. The spleen was considerably enlarged, as was also the kidneys.

Dr. Jacobi remarked that it was very unusual to have a greater amount of tuberculous deposit in the upper than in the lower lobes of the lungs. The peculiar appearance of the lungs had given rise to the suspicion that the parents had suffered from syphilis, but from all the facts that could be obtained such a suspicion could not be substantiated.

FOREIGN CORRESPONDENCE.

LETTER XXVII.

THE GRAPE-CURE TREATMENT.

By PROF. CHARLES A. LEE.

BADEN-BADEN, Sept. 20th, 1862.

A FEW words on the grape-cure (*cure de raisin*) may serve as an introduction to some notice of these waters of Baden-Baden. This grape-eating, as a remedy for pulmonary affections especially, has now become one of the established modes of treatment on the Continent, especially on the Rhine, and certain parts of Switzerland. Of course, so pleasant a remedy could not but be popular, and hence it triumphs over the sugar pellets. Dr. Curchod, of Vevay, on the banks of the Lake of Geneva, is quite celebrated for this line of practice, and has published an excellent monograph on the subject. This fruit of the vine, however, is not without its competitors, for we now hear on every side

of cures by strawberries, figs, and peaches (*cures de fraises, de figues, de peches*), and other fruits. In the Tyrol, and north of Italy they are trying the opposite extreme, and are loud in their praises of the cure by raw ham (*cures de jamboucru*). I would not, however, depreciate the grape, cure by comparing it with the latter, which I only mention to show what medical vagaries may occasionally become prominent; and I am even quite ready to admit that there is satisfactory evidence in favor of the great benefits resulting from the free use of ripe grapes, in certain cases. Some physicians rely on it altogether, while others begin the treatment by it, and then follow with the use of the appropriate mineral waters. It is generally agreed that the free use of sweet, ripe grapes not only aids nutrition, but abates the general excitability, modifies the blood, resolves pulmonary and other engorgements, and improves the secretions. In pulmonic cases of a sub-acute character, its effects are quite striking. The testimony is uniform on this point, and I have myself seen cases, where, in incipient phthisis, this treatment has served to abate the frequency of the pulse, the heat and dryness of the skin, the hectic flush on the cheek, and the frequent hæmoptical attacks, and these are the very symptoms which contra-indicate the use of these mineral waters.

The treatment by grapes consists essentially in taking one pound of fresh ripe grapes, early in the morning, not swallowing the skins or seeds, and two hours after a still larger quantity. The patient dines at twelve o'clock on beef or mutton, boiled or broiled, stale bread well baked, and a glass of old Rhine wine, but no vegetables, except occasionally potatoes or carrots. About four o'clock, a certain quantity of grapes are to be taken; at evening, tea, with white bread. The patient is directed to take as much exercise as possible between meals, and abstain from drink, unless he should feel quite thirsty. The whole quantity of grapes to be taken in the course of twenty-four hours is from two to three pounds. Some who cannot well bear grapes so early in the morning, are advised to take a cup of coffee or chocolate first, and not begin the day with grapes until the stomach has become somewhat accustomed to them. It is believed that the best grapes for medicinal use are not those which make the richest and strongest wines: nor are those recommended which are sweet and aromatic to the taste, with small and hard berry, and thick skin, like the *Riesling* grape, but those of larger size, and thin pellicle, and which yield on pressure a more abundant and watery juice—such as those called the *Kleinberger*, and which are found on the Rhine, in the Palatinate, and the principal vineyards of the *Bergstrasse*.

The duration of the grape treatment is from four to six weeks, generally, though it varies, of course, in different cases. The best time to commence it is about the middle of September, when the grapes are supposed to be fully ripe. It is not my purpose to enter here upon any theoretical discussion of the therapeia of the grape-cure. Every one knows that this fruit abounds in sugar, gum, and vegetable mucilage, and other nutritive elements, and it is easy to understand how it may prove beneficial in many pulmonary affections, especially tuberculosis, by strengthening the vital forces, and contributing to the general nutrition of the body. It is often stated that the grape acts as a laxative, or even purgative, but this is a great error; it would be nearer the truth to say, that it more frequently acts as an astringent. Even the sweet Chasselas is not laxative. The experiments of Wohler and Millon have proved that the organic acids contained in the grape are oxidated and destroyed in the economy, leaving behind only alkaline carbonates. This is, doubtless, the reason why the urine, during the first days of this treatment, becomes alkaline, and why certain affections of the bladder and urinary organs are so speedily ameliorated.

I may, perhaps, have more to say on this subject hereafter, as I learn and see more of it. I leave it now, with an impression that it might, perhaps, be introduced with advantage into our own country, in the same affections in

which it has proved advantageous on this side of the Atlantic.

American Medical Times.

SATURDAY, MARCH 7, 1863.

THE LUNACY COMMISSION BILL.

THE Bill for the appointment of a Commissioner of Lunacy, now before the Legislature of this State, is altogether too limited in its scope to meet the wants of the class of unfortunates whose condition it is designed to improve. We have on other occasions, when this measure was before previous legislatures, discussed the subject of a Lunacy Commission at length, and we cannot forbear at this time briefly calling the attention of our legislators to what we deem vital features in such an Act.

The objects of such a commission may be stated as follows:—First, and most importantly, in order to improve the condition of the pauper insane. These poor creatures are congregated in the alms-houses of the different counties of the State, without any adequate provision for their necessities. They are now treated in many instances more barbarously than when the insane were thought to be possessed of the devil. The Senate Committee which visited these people in 1857, reported that they found many in cells and chains; in some cases the inmates sicken and die without any attendance whatever; the cells and sheds in which they are confined are *wretched abodes*, often wholly *unprovided with bedding*; in most cases female lunatics had none but male attendants; instances were testified to of *whipping* of male and female idiots and lunatics, and of confining the latter in loathsome cells, and binding them with chains. In some poor-houses, both males and females were found in cells *in a state of nudity*; the cells were intolerably offensive, littered with the long accumulated filth of the occupants, and with straw reduced to chaff by long use as bedding, portions of which, mingled with the filth, adhered to the persons of the inmates, and formed the *ONLY COVERING* they had. The duty of the Commission would be, annually, to inquire carefully into the condition of this class of insane, make an accurate census of their number, and report to the Legislature, with suggestions as to their improvement. Second, the Commission should be empowered to visit private asylums, eleemosynary and benevolent institutions, and inquire into the condition and wants of the insane. Third, in all criminal cases where insanity is pleaded, and in cases of alleged false detention for insanity, the Commission should act as experts. Finally, all questions relating to the insane, whether legislative or judicial, would come under the special attention of this commission. And these questions, thoroughly considered, are neither few nor unimportant. They are of almost daily occurrence, and require the patient study and dispassionate discrimination of minds educated in the jurisprudence of insanity.

The Bill introduced into the Legislature of 1861 was sufficiently broad and comprehensive to cover this entire field of labor. It required the Commission to visit, at least once in each year, all alms-houses, poor-houses, lunatic asylums, and jails within the State; to keep a record

of such visits; to ascertain the number of insane inmates, the methods of treatment, the general condition and wants of such establishments, and report the same to the Legislature; to investigate and decide upon the question of the alleged insanity of any condemned prisoner who may apply to the Executive for pardon or commutation of sentence; to institute a careful examination into the mental condition of any person held in custody on a criminal charge who is suspected of insanity, etc., etc. It will be seen from this brief summary that that measure was admirably adapted to secure to the State a thorough supervision of the insane.

The Bill before the Legislature, as it comes to us, is extremely limited in its scope of duties, and in no respect meets the wants of the service which brought it into existence. It is as follows:—

SECTION 1. A Commissioner of Lunacy shall be appointed by the Governor, with the advice and consent of the Senate, whose duty it shall be to make a personal inspection of the various poor-houses and alms-houses in this State; and inquire into the condition of the insane in such institutions, and report to the next Legislature the result of his investigations, and recommend some suitable plan or mode of improving their condition.

SEC. 2. Said Commission shall be a suitably qualified medical man, and be entitled to a compensation of two thousand dollars per year, besides three dollars per day for expenses while employed in this commission.

SEC. 3. This act shall take effect immediately.

It would appear that the duty of this Commission is simply to visit the poor-houses of the State, and report to the next Legislature on the condition of the insane. Here its functions cease. We submit to our legislators that this Bill is based upon a most superficial view of the matter. It embraces but a single one of many important duties. The Commission should be enlarged, it should be permanent, and the duties prescribed should embrace not only an annual visitation of all the alms-houses, jails, asylums, and other institutions, but it should be a Board of reference of all questions relating to the insane. Incalculable good would flow from such a law executed by men qualified by long experience in the practical treatment and earnest study of insanity. We hope this Bill will be so modified as to embrace the provisions indicated, and then speedily become a law.

THE WEEK.

FROM the report of the Commissioners of Emigration it appears that during the year 1862 the whole number of emigrants was 12,660 more than arrived the preceding year, the whole number of passengers landed during 1862 being 105,385. Of these, 29,097 were citizens, or persons not subject to bonds or commutation, and 76,306 were aliens from whom commutation was paid or bonds executed, showing an increase in alien emigrants of 10,777 over 1861, and being 28,856 less than in 1860, 3,016 less than in 1859, 2,283 less than in 1858, and 107,467 less than in 1857; while the proportion to the average of former years, since 1847, is much less than half. Of these emigrants, 32,217 were from Ireland, 27,740 from Germany, 7,975 from England, and 8,374 from other countries. The State Emigrants' Refuge and Hospital, Ward's Island, has a farm of 106 acres. The whole number of inmates in the hospital and in the other department, during the year, was 3,247, being 1,832 less than in 1861, and 1,482 less than in the year preceding. The average weekly number at any one time was about 637. The net cost of support of the Emigrant Hospital and Refuge was \$46,740 40, being \$9,097 less than in 1861. The average yearly cost of support was

about \$72 44 a head, being about \$10 78 per person more than in 1861, but \$9 less than in 1860. Deducting salaries for doctors, officers, and other employees, it amounts to \$48 13 for each individual per annum. Of the 637 persons supported on Ward's Island, 375 were patients in the hospital, and 262 were inmates of the Refuge Department. On the 31st December, 1862, there remained 655 inmates against 716 at the same time in 1861. The number receiving medical or surgical aid was 2,445 cases treated in the hospital, against 6,147 in 1856, 6,893 in 1857, 5,067 in 1858, 3,668 in 1859, 3,864 in 1860, and 4,129 in 1861.

THE danger to the reputation of the practitioner in administering anesthetics to female patients without the presence of a third party, has been several times painfully illustrated. The case of the dentist Beale, of Philadelphia, is fresh in the recollection of every reader. A case, occurring in Philadelphia, is reported in the papers, which will raise the question how far it is safe to use the speculum in the presence of the patient alone. It appears that the Guardians of the Poor sent a physician to attend a poor woman suffering from prolapsus uteri. As she relates the story, a female friend who was with her left the room. The doctor locked the door, and put the key in his pocket. She lay down on the bed and drew the sheet over her face, upon which the doctor proceeded with the examination. His movements rendering her suspicious, she uncovered her face, and saw that his person was exposed. She then ordered him to leave the room, and naturally expressed much indignation at his taking advantage of her weak and defenceless condition. The doctor denied the accusation, but she would not listen to him, and he left the house. She then went to the office of the Visitor of the Poor, and information was communicated to the Guardians of the Poor, who sent her to the Mayor, and he had a warrant issued for the arrest of the doctor. On examination before a Justice, he denied in the most positive manner the charge which she made. Whatever may be the merits or demerits of the parties concerned in this case, it is evident that the reputation of the practitioner who uses the speculum without the presence of a third party, is at the mercy of his patient.

IN another column we publish a communication from DR. WILLARD, of Albany, Secretary of the State Medical Society, which we earnestly commend to the attention of the profession of this State. In the tabular statement appears the relative activity of the county societies, and their interest, as also that of the medical colleges, in the State Society. It is proper to assume that the county societies are a fair index of the condition of the profession, scientific, social, and ethical, of the respective counties. It was a remark of the late Surgeon-General of the State, DR. VANDERPOEL, that in the examination of surgeons for volunteer regiments, he invariably found those the best qualified who came from counties which had active medical societies. Let those physicians who desire to elevate the tone of the profession see to it that the county societies are well sustained.

A CASE recently occurred in England, illustrating the responsibility of medical men in granting certificates of lunacy. A physician was heavily fined for mistaking the case, and committing to an asylum a sane person. We

have reason to believe that the utmost negligence is often practised by physicians in this country in the examination of persons for alleged insanity. Such examples of severe punishment should serve as a warning.

Correspondence.

COMPOUND MONSTERS.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I am engaged in collecting and arranging materials for a monograph on double and parasitic monsters, *fœtus in fœtu*, and supernumerary formation of parts or organs in man. I propose the term *Diploteratology* as the title of the essay. It will comprise the history, literature, classification, description, and embryology of monsters, in which a duplicity or multiplicity of structure is found. It will also include the obstetrics and medico-legal relations of the subject. The object of this note is to solicit descriptions, more or less complete, of any or all cases of double monsters which may have presented themselves in the practice of any of your readers, or which may have come to their knowledge. Double monsters of the lower animals are also important; the writer intends, as far as possible, to accompany the description of each genus with an account of one or more parallel cases from the lower animals. It is desirable to have the following facts, at least (yet, even a very imperfect report would be of value):—The date, locality, sex, period of development, nature of delivery, character, extent, and situation of the two bodies; general description of the form, the number of upper and lower extremities; other malformations, as hare-lip, hemicrania, atresia of any of the normal openings of the bodies, etc. Also, if possible, the internal structure, single, double, or fused hearts, and other organs, etc. A rude diagram would add much to the value of the description. Any person who will furnish accounts of cases, or send numbers of journals containing descriptions of cases, shall receive due credit in the work, an early copy of which will be presented to him.

The writer has succeeded in collecting much of the literature of the subject, but has failed to procure Vrolik's work on double monsters. If any of your readers possess this work they will confer a great favor by loaning it to the subscriber for a short time. Curators of medical museums will do me a great favor by giving the number and general character of the double monsters in their collections.

Yours, etc.,

G. J. FISHER, M.D.

BING SING, NEW YORK.

A NOTE ON ENGLISH SURGERY.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—The following remarks, which I jotted down in the spring of 1861, while in London, and then mislaid, may be taken in connexion with the recent cool assumption of superiority on the part of the English medical consultant in the case of Garibaldi.

"One of the great faults of medical men here, is the great tendency to follow implicitly the teachings of some great authority, without any reasoning upon their individual cases. If a Brodie should advise excision of joints for acute synovitis, or a Ferguson propose division of the peroneus longus as a means of facilitating union in staphylococci, or a Bennett hint the weekly application of potassa fusa as a prophylactic, many zealous followers would, to use the usual phrase, try the merits of the procedures advised. The men here, of course passing over the lights of the profession, are too apt to run on rails and rules before laid down, and while, like the locomotive, everything

is as before met with, they do splendidly; but the moment anything out of the usual way occurs, they are as helpless as said locomotive off from the track, and an object of commiseration equally with their patients. The habit of continually depending on others to do your own thinking, is a state of things not favorable for mental growth.

"After considerable time spent, I had almost said wasted, in visiting the hospitals in this metropolis, I have arrived at the conclusion that *relative influence* had more to do with the appointment and continuance in office of some of the surgeons than *relative anatomy*, and *regional connexions* more than *regional anatomy*. *Qualities of blood* have more influence, I fear, than those of the head and heart. After a visit here one is better fitted to read Roux's 'Parallel between English and French Surgery.' I have certainly seen as bad surgery here as did Roux."

Yours, etc.,

DAVID P. SMITH,
Surg. Vols.

MEDICAL MEN OF BERLIN.

BERLIN, January, 1868.

THE distinguished medical teachers in the University here may be comprised in the names—Surgeons, PROF. LANGENBECK and DR. WILHMS; Physicians, PROF'S TRAUBE and FREHRIES; Ophthalmologists, Prof. VON GRAEFE, YUNKEN, and SCHWEIGER; Pathologist, Prof. VIRCHOW; Chemist, Prof. ROSE. I do not mean to say that these are the only distinguished medical men here, but their names are universally given as those of the teachers of whom the University is justly proud. A residence of some five months here has afforded an opportunity for enjoying the benefits of the instruction of some of these, and of noticing the personal characteristics of the men to whom we Americans, with a generosity which might be here imitated, are ready to do honor. It is well known that unlike New York, Philadelphia, or London, in Berlin as in the other German cities, there is but one medical school; the several lecture rooms, laboratories, clinics scattered about the city, being parts of the medical department of the "Frederick William University." Prof. Langenbeck has his surgical clinic in a series of irregular, badly-constructed buildings, in one part of the town; so Graefe his in another, while the venerable Prof. Yunken, who was a few years ago among the highest authorities on diseases of the eye, lectures in the Charity Hospital; so also Traube and Frehries, while Virchow has a beautifully arranged building in the grounds of the hospital, where his pathological investigations are made, and lectures delivered. These men, while Professors, do not necessarily deliver day lectures in the regular series in the University building proper, where the student is regularly fitted for graduation as in our Medical Colleges. These clinics and Virchow's lectures are generally attended by graduates of this or other Universities, or by the student in the last year of his course. In the clinic of Prof. Graefe, for example, of the forty-seven registered students about forty are graduates. By "Clinic" here, a little more is understood than with us. Langenbeck's clinic has beds for more than 100 patients, so also Graefe's, and Professor Yunken has the large wards of the Charity Hospital from which to take his patients for the morning lecture, who are wheeled into the amphitheatre still reclining on their beds. With the exception of the clinic just alluded to, the arrangements for seeing are very bad. At Graefe's, in a little low room the students are seated on chairs, on a level with the professor; and only those who are very early have much chance to see the five or six patients on whom he makes his morning lecture. At Langenbeck's it is somewhat better, but still bad enough; since a man with his head in the way does not care to remove it, neither do the students seem to expect it, but bear the thoughtlessness in a way which Bellevue and New York men can't comprehend. Professor Langenbeck is a tall, slight man, about fifty years of age, a pretty operator, rather given to effects and poses, clear and learned as a lecturer; he speaks English quite

well, and is up in American surgical literature, even to the Ether controversy. His lectures on Surgical Anatomy on the cadaver are excellent. Dr. Willms, unfortunately, has throat trouble, which prevents him from loud speaking or much; but as a surgeon he rivals Langenbeck in the wards of his new hospital, the Bethanien, which has about five hundred patients, and corresponds with St. Luke's, in New York, being under denominational care. Professor Yunken is a small precise man, more than 70 years old, still lecturing with great clearness and vigor, and operating like a man in the prime of life. His surgical and eye-clinic is the best ordered in Berlin. Professor Virchow is a short, spectacled man, seeming between 40 and 45 in years, with a clear eye and calm manner, and is exceedingly popular as a lecturer and politician, he being one of the principal liberal members of the House of Commons. Graefe is a tall, somewhat round-shouldered man, with iron gray hair and black mustache, and long full whiskers, with a fascinating blue eye and manner. He lectures in a very quick but a very clear way, illustrating frequently with chalk on the blackboard which is in the little room. He often gasps as if for more breath in the midst of his excited harangues, for they do partake of that character. His assistant, Dr. Schweigger, who is well known in Ophthalmic circles, gives instruction in the use of the Ophthalmoscope; he is a young man, of whom the future will probably speak more. The Charity Hospital containing about 1500 patients (there are beds for more than 2000, but it is never full) is the great Clinical School. The wards are clean and well ordered, the diet lists excellent and ample, the staff full and able, but the ventilation is very bad. The buildings are but three stories high, a great improvement over our four story hospitals.

There are about six hundred medical students in Berlin, not exceeding this number, among whom are many Russians sent here by the Government; a few English, and other foreigners.

There is an excellent Veterinary College here, such as what we seem to greatly need at home, especially as our army require so many horses. There is a fine pathological museum in connexion with it, and about one hundred students attend the lectures. The Hospital for horses, dogs, and other animals in the grounds, is of great interest. It is under the patronage and control of the Government, as are most Prussian institutions.

Yours, etc.,
D. B. ST. JOHN ROOSA, M.D.

Army Medical Intelligence.

CIRCULAR TO PHYSICIANS.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, February 20, 1863.

THE Surgeon-General would remind the medical profession that, some months since, a medical officer was detailed by the Department, to prepare the surgical history of the rebellion. It is intended that this history shall embrace, among other topics, the collected results of the gunshot injuries of the war, and of the operations performed for their relief.

Many facts bearing on these subjects can be obtained by an examination of the returns of the various military hospitals; and explicit orders have been issued to the surgeons in charge, as to the manner of reporting. Yet it is found, practically, that the results of all cases cannot be included in these reports.

In every depot of wounded, and after every action, there exists a large class of injured men, who, in various stages of convalescence, pass from the observation and treatment of the military surgeon, and are lost sight of by the medical department. These patients are those who are either furloughed, or discharged the service, by military authority,

before their treatment is entirely terminated. Under such circumstances all past records of these cases are rendered valueless from the absence of a positive knowledge of their results.

To remedy this evil the Surgeon-General appeals to the profession of the country, and solicits their co-operation. He would ask every physician and surgeon who may be called upon to treat any officer or soldier, wounded in service, carefully to note the results of the case, to record his observations, and when the case shall have terminated, to transmit a copy of his observations to the Surgeon-General's office.

The following form is suggested:—

Character of Injury.		Where Wounded and Date.		To what Hospital Transported.		What Operation, etc., Performed.		By whom performed.		Date of Prolong or Discharge.		Present Condition of patient, Prolong or Account of case, Treatment, etc., Result.		
Patient's Name and Age.	Rank.	Regt. and Co.	Postal Address.											

In all cases of recovery after excisions of bone the amount and character of the movements executed by the patient with the injured limb, should be accurately described. Where amputation has been practised the character of the stump should be noted, especially when the operation has been performed through an articulation. In cases of compound fracture the point of fracture should be stated, as also the degree of efficiency of the limb remaining after treatment. In compound fractures of the femur the amount of shortening should be measured, and the strength and usefulness of the limb described. In those patients in whom injuries of the skull have occurred, or upon whom the trephine has been applied, the mental and physical conditions should alike be dwelt upon.

In thus placing before the profession the objects he desires to obtain, the Surgeon-General trusts that he will meet with active co-operation. By the means above indicated much information that is valuable may be collected, and the interests of the science of surgery materially advanced.

W. A. HAMMOND,
Surgeon-General, U.S.A.

[Medical Journals will please copy.]

A BILL TO PROMOTE THE HEALTH, COMFORT, AND EFFICIENCY OF THE ARMIES OF THE UNITED STATES.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That the medical department shall unite with the line officers of the army in supervising, the cooking within the same, as an important sanitary measure, and that it shall promulgate to its officers such regulations and instructions as may tend to insure the proper preparation of the ration of the soldier.

Sec. 2. *And be it further enacted,* That cooks shall be detailed, in turn, from the privates of each company of troops in the service of the United States, at the rate of one cook for each company numbering less than thirty men, and two cooks for each company numbering over thirty men, who shall serve ten days each.

Sec. 3. *And be it further enacted,* That the President of the United States be, and he is hereby, authorized to cause to be enlisted, for each cook, two under cooks of African descent, who shall receive for their full compensation ten dollars per month, and one ration per day—three dollars of said monthly pay may be in clothing.

Sec. 4. *And be it further enacted,* That the army ration shall hereafter include pepper, in the proportion of four ounces to every hundred rations; and tobacco shall be furnished to the enlisted men by the commissary department at its cost, and be charged against their pay, under such regulations as the Secretary of War may adopt for that purpose.

Sec. 5. *And be it further enacted,* That hereafter all nurses in the general hospitals shall be employed by authority of the surgeon-general, and hospital matrons shall receive ten dollars per month and one ration per day in kind: *Provided,* That the washing of hospitals may be given out by contract, at a price not to exceed the cost of the number of matrons authorized by the regulations.

Sec. 6. *And be it further enacted,* That all instruments, documents, and papers relating to the procurement of bounty land and other bounties, pensions, and orders of pay by or for officers, soldiers and seamen, or their legal representatives, who have been or may be in the service of the United States, be, and the same are hereby, exempt from tax duty.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, February 26, 1863.

SIR:—It is desirable to make out, for exchange with the authorities at Richmond, a list of such Confederate prisoners as have died within the Federal lines. For this purpose you will cause to be made a thorough examination of hospital records, and of all other sources of information at your hand or under your control, and will as soon as possible forward to this office such a list arranged as follows:—

Name.	Rank.	Co.	Regt.	Where taken Prisoner.	Cause of Death.	Date of Death.	Place of Death.
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Very respectfully,

Your obdt. servant,

By order of the Surgeon-General, U.S.A.

Signed JOS. R. SMITH,
Surgeon U.S.A.

To all Med. Directors and Senior Med. Officers, at
Harper's Ferry, Frederick, and Hagerstown.

ORDERS, CHANGES, &c.

Leave of absence has been granted to the following named officers:
Acting Assistant Surgeon G. W. Hatch, U.S.A., seven days.

" " P. D. Lays, U.S.A., seven days.

" " Thomas Catroll, U.S.A., seven days.

The leave of absence heretofore granted Surgeon John W. Foye, 11th Massachusetts Vols., has been extended to the 2d March.

Surgeon F. G. Snelling, U.S.V., is at Hilton Head, S. C., as Medical Director, 18th Corps, commanded by Major-General J. G. Foster.

Surgeon E. C. Franklin, U.S.V., has been assigned to duty in charge of the Camp Hospital, Ballard's Farm, near Vicksburg, Miss.

Surgeon T. F. Aspell, U.S.V., has been assigned to the charge of the Steamer, City of Alton, for Hospital purposes on the Mississippi.

Assistant Surgeon J. H. Bailey, U.S.A., has been ordered to report for duty to the Governor of New York.

So much of Special Orders 357, series of 1862, as honorably discharged Surgeon R. S. Salter, of the 1st Massachusetts Vols., on account of disability, has been amended so as to discharge him February 10, 1863, the date up to which he did duty with his command.

Surgeon E. L. Wandt, 62d Illinois Vols., has been mustered out of the service of the United States.

The following officers have been ordered to rejoin their respective regiments:

Assistant Surgeon J. T. Totten, 62d New York Vols., recently at the Lyceum Hospital, Hagerstown, Md.

Assistant Surgeon J. H. Hasenpflug, 109th Pennsylvania Vols., now on duty at Baltimore, Md.

Surgeon Thomas J. Dumolt, 1st Maryland Cavalry, now on duty examining drafted men at Baltimore, Md.

Assistant Surgeon P. W. Randle, 1st California Vols., now on duty at Fort Bragg, Calif.

Assistant Surgeon Wolfley, 62d Ohio Vols., now on duty at the Convalescent Camp, near Alexandria, Va.

Assistant Surgeon Truman, 62d Ohio Vols., now on duty at Mount Pleasant Hospital, Washington, D. C.

Medical Inspector A. C. Hamlin, U.S.A., to report in person without delay at the Surgeon-General's Office for instruction.

Surgeon Basil Norris, U.S.A., now on duty in the Army of the Potomac, has been ordered to relieve Medical Inspector J. K. Barnes, U.S.A., in his duties as Attending Surgeon on Officers of the regular army and their families at Washington.

Assistant Surgeon Harrison Allen, U.S.A., to report in person to the Surgeon-General.

Assistant Surgeon R. M. Alexander, 5th Kentucky Cavalry, having tendered his resignation, and in consequence thereof having been discharged the service March 25th, 1862, without formal action by competent authority, the said authority has been confirmed, and Assistant Surgeon Alexander discharged the service as of the aforesaid date.

Special Orders No. 6, Headquarters 1st Army Corps, Army of the Potomac, dated March 24th, 1862, honorably discharging from the service of the United States, on tender of resignation, Brigade Surgeon C. B. Chapman, has been confirmed, and his resignation accepted by the President to take effect at the above date.

Assistant Surgeon Asa Coleman, 46th Indiana Vols., having tendered his resignation, has been honorably discharged from the service to date from December 26th, 1862.

Surgeon J. Taylor Bradford, U.S.V., has been mustered out of the service of the United States.

So much of Special Orders 39, current series, from the Adjutant-General's Office, as discharged Surgeon W. S. Grimes, 4th Iowa Vols., to date January 24th, 1863, is amended so as to discharge him September 8th, 1863.

Surgeon E. R. Scholl, 76th Pennsylvania Vols., is, by direction of the President, dismissed the service of the United States for conduct unbecoming an officer and a gentleman.

The vacancy in the 90th New York Vols. not being filled, so much of Special Order 63, current series, as discharged Surgeon E. S. Hoffman by resignation, has been revoked.

Surgeons L. W. Read, 8th Pennsylvania Reserves, Samuel G. Lave, 5th Pennsylvania Reserves, and B. Rohrer, 10th Pennsylvania Reserves, have been ordered to report in person to the Surgeon-General of Pennsylvania, at the Continental Hotel, Philadelphia, Pa., on the 2d prox.

Surgeon E. J. Baily and Assistant Surgeon J. T. Ghiselin, recently on duty in New Mexico, reported at the Surgeon-General's Office on the 27th inst.

Surgeon J. E. Summers, U.S.A., has been nominated and confirmed as Medical Inspector.

Medical News.

A NEW SOLID BANDAGE has been recently contrived by Dr. HAMON. The material is gelatine or common glue, to which, after being dissolved in water, a portion of alcohol is added. The limb is then padded, in parts where considered desirable, and a bandage applied. This bandage is then brushed over with the solution, and allowed to dry; the process being repeated until sufficient thickness is obtained. If then cut open at the side, a stiff but sufficiently elastic sheath is formed, which fits the limb, and can be removed and replaced at pleasure.—*Brit. Med. Jour.*

THE BRITISH AMERICAN JOURNAL published at Montreal, Canada, and edited by Dr. ARCHIBALD HALL, was discontinued with the Dec. number. It has been very ably conducted, being a fearless advocate of the rights of medical men, and it is unfortunate that the profession of Canada has not manifested more interest in its pecuniary success.

Dr. KIDD, in a paper on "Simple Syncope as a Coincident in Chloroform Accidents," takes the ground that in a certain proportion of cases death has ensued from syncope or shock, the result of apprehension of the surgical operation about to be performed, and not from the chloroform.

ERRATA.—In DR. RAPHAEL's article on Wounds of the Abdomen, No. viii., it should have been stated that sutures were used in both cases.

TO CORRESPONDENTS.

COMMUNICATIONS have been received from CHAS. H. JONES, Act. Assist. Surg. U.S.A.; DR. J. H. POOLEY, Hobbs' Ferry, N. Y.; PROF. QUACKENBUSH, Albany, N. Y.; W. H. STUDDLEY, Act. Assist. Surg. U.S.A.; WM. O'MEAGHER, Surg. U.S.V.; DR. CHAPIN, Brigham Hall, N. Y.; WM. C. OTTERSON, Surg. U.S.V.; DR. O. WHITE, New York; DR. J. V. LANSING, Albany, N. Y.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 23d day of February to the 2d day of March, 1868.

Deaths.—Men, 57; women, 59; boys, 162; girls, 115; total, 436. Adults, 179; children, 247; males, 219; females, 207; colored, 5; infants under two years of age, 162. Children born of native parents, 18; foreign, 195. Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 39; croup, 30; diphtheria, 14; scarlet fever, 15; typhus and typhoid fevers, 15; consumption, 29; small-pox, 1; measles, 5; dropsy of head, 19; infantile marasmus, 26; cholera infantum, 1; inflammation of brain, 9; of bowels, 8; of lungs, 29; bronchitis, 10; congestion of brain, 0; of lungs, 0; erysipelas, 0; diarrhoea and dysentery, 3. 213 deaths occurred from acute diseases, and 42 from violent causes. 259 were native, and 187 foreign; of whom 59 came from Ireland; 26 died in the City Charities; of whom 12 were in Bellevue Hospital, and 6 died in the Immigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

Feb. 1868	SIX A.M.				TWO P.M.				TEN P.M.			
	Min. Temp.	Therm. Exposed.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.	Temperature.	Evap. Below.	Barometer.	Wind.
23d.	9 10	2.5	30.30	N.E.	13 2	30.10	N.E.	10	2	30.04	N.E.	
24th.	10 11	2.5	30.16	N.W.	25 6.5	30.24	W.	18	3	30.20	W.	
25th.	12 13	2	30.30	W.	30 3	30.23	S.W.	31	2	30.21	N.W.	
26th.	18 19	3	30.31	N.W.	37 5	30.27	S.W.	32	3	30.24	W.	
27th.	31 35	1	30.29	S.E.	42 1	30.17	S.E.	35	4	30.14	S.W.	
28th.	32 37	1.5	30.10	S.E.	45 3	30.07	S.	36	3	30.15	W.	
29th.	28 29	2	30.15	W.	40 4	30.00	S.E.	37	2	30.00	N.E.	

REMARKS.—23d, Heaviest snow storm of the season, with very high wind; about one foot upon a level. 24d, Fine, with fresh wind. 24th, Obscured all day. 25th, Fine day; wind fresh A.M. 26th, Fog A.M.; rain nearly all day; clear several hours P.M. 27th, Thick fog very early A.M. and all day; sky variable at night. 28th, Cloudy early A.M. and late P.M. Rain and melted snow for the week three inches.

COMPARATIVE MORTALITY OF CITIES FOR THE WEEK ENDING JANUARY 31, 1863.

Cities.	Ratio of General Mortality to Population.	Mortality from Epidemics.						
		Small Pox.	Measles.	Scarlatina.	Diphtheria.	Hoop Cough.	Typhus.	Diar. rhæa.
London.	1 in 1928	39	84	49	15	59	71	18
New York.	1 in 1954	0	7	22	33	0	10	7
Boston.	1 in 2505	0	0	1	1	1	2	2
Philadelphia.	1 in 2245	7	1	0	9	2	7	7

The Examination for Junior Assistants to Bellevue Hospital will take place on Friday, March 20, 1868, at the house of the Chairman, 2 Irving Place, at 8 o'clock P.M. Application must be made at once to the Chairman. The applicants must be recommended to the Committee by a member of the Medical Board of Bellevue Hospital.

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BAILLIERE BROS., 440 Broadway, N. Y.

On Diseases of the Chest, including Diseases of the Heart and Great Vessels: their Pathology, Physical Diagnosis, Symptoms, and Treatment. By H. W. Fuller, M.D. 8vo. London, 1863.

BAILLIERE BROTHERS, 440 BROADWAY, N. Y.

A History of Infusoria, including the Desmidiaceæ and Diatomaceæ, British and Foreign. By Andrew Pritchard, M.R.I. 4th edition, enlarged and revised by J. T. Arledge, W. Archer, J. Ralls, W. C. Williamson, and the Author. Illustrated by 40 plates. 8vo. London, 1861. Half morocco.

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Anatomie comparee du Systeme nerveux considere dans ses rapports avec l'Intelligence, par F. Leuret et P. Gratiolet. 2 vols. In 8vo., accompagnes d'un atlas de 82 planches colories. Paris, 1859-1857.

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